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ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATIONAL AND BEHAVIORAL STUDIES

DEPARTMENT OF SPECIAL NEEDS EDUCATION

**The School Social Interaction Problem of Students with
Intellectual Disability with teachers and school mates at
Yekatit 23 Primary School**

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College of Education and Behavioral Studies
Department of Special Needs Education

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Disabilities at Yekatit 23 Special Needs Education School**

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List of Acronyms

AAID	-----	American Association of Intellectual disability
ACPF	-----	African child Policy Forum
CBR	-----	Community Based Rehabilitation
CRC	-----	Convention on the Right of Children
EFPD	-----	Ethiopian Federation of Persons with Disabilities
ENAB	-----	The Ethiopian National Association of the Blind
ENAD	-----	The Ethiopian National Association of the Deaf
ENAPH	-----	The Ethiopian National Association of the physically handicap
ENAELP	-----	The Ethiopian National Association for the Ex-Leprosy Patient
IER	-----	Institution of Educational Research
ID	-----	Intellectual Disability
ILO	-----	International Labor Organization
NGO	-----	Non- Governmental Organization
PWID	-----	Person with Intellectual Disability
UN	-----	United Nation
UNICEF	-----	United Nations Children Fund
SOOM	-----	Support Organization of Mental Disabled Children
SWID	-----	Students with Intellectual Disability
WHO	-----	World Health Organization

Abstract

The study focused on the school social interaction problems of students with intellectual disabilities at Yekatit 23 primary school on the objective of finding out the school social interaction problem and the method was qualitative. The study used interview, observations and focus group discussions from Yekatit 23 primary school based on Purposive sampling method. Since the study has descriptive account, the data compressed and linked together in a narrative that conveyed the meaning the researcher derived from the empirical data. Thus, the study used the narrative data analysis strategy in this qualitative research. The data gathered from the respondents were contextually analyzed. The result of descriptive statistics shows that the students with intellectual disability in the school have a lot of problems to interact with their peers and with students without disability which are afraid of the unknown, a problem of speaking, moving, cleaning. The concerned authorities those are responsible for students with intellectual disability do not have sufficient background knowledge in special needs education and they don't have the initiative to give special support for these students and are recommended to improve this area. The researcher has recommended that the school must create favorable condition for students with intellectual disability to interact with others, detail intervention from macro to micro level with the implementation of the school social interaction of students with intellectual disabilities, parents empowerment, sensitization of the community and the neighborhood, individual intervention to parents(counseling) early intervention, child to child programs to the siblings in the community and in the school.

CHATER ONE

1. Introduction

1.1 Background of the study

Intellectual disability had been on the records of history that goes back as early as 4000 BC (LauraDolce, 1994). During the early times people used cruelty and coercion to treat the problem due to misconceptions to the disability. In the 1st century AD during the Roman Empire the severely disabled were beaten and starved to death (Ibid.). In these periods in most cultures it was believed that intellectual disability was caused by hereditary problem which led to the exclusion and ostracizing of certain groups of people to avoid the spread of the problem.

The trend continued until the 11th century when epileptics and people with Intellectual disability were collected and put to death. During the middle age, the church and the state begun to support the abandoned, children with Intellectual disability and the mentally ill in custody, which was a worst situation to the inmates in most cases (Ibid.) Gradually people started to differentiate intellectual disability from mental illnesses. Some individuals in England and France in the 17th century like, Jean Itard and Pinel contributed to the development of a better treatment (Mary Berne, 1994). During the 19th century one English Physician studied people with intellectual disability in an asylum and identified the Mongolian type of retardation, later named after him as Down syndrome. He believed the phenomenon existed on certain ethnic groups, (Max L. 1967). Time to time educators think about educating children with intellectual disability.

The education of children with intellectual disability and the possibility of developing their capacities were experimented by an Italian physician and a humanitarian, Maria Montessori, (1952). She demonstrated a remarkable result specifically on their cognitive development through structured symbolic educational materials. She believed that children have an innate sense of dignity and that education needs to be facilitated by revelation and is more of a spontaneous process. It helps students with intellectual disability to be part of the school but it was segregated them.

After these land marks and other efforts (the humanitarian movement in Europe and America) special schools flourished to train children with intellectual disability although exclusively from the regular schools. IQ tests and the sense of segregation warranted unfavorable results

for these schools and parents were not happy about the social stigma. As a result, in 1950s changes were made especially in the United States by the collaborative efforts of parents to stop special schools as a means of segregation. Rather integrating the children in the normal schools and eventually allow them to enter the community as well as live and work among their normal peers. This mode of providing education to this category of children has persisted to the present time. Hence the rights of the child declared and ratified by many countries with the strong argument of Inclusive and Integrative education as well as social and economic equity issues as basic principles, (DICAG 1998).

Children with intellectual disabilities have equal right to participate with others. The United Nations have exercised various types of human rights that included children's rights, the rights of persons with disability, gender equality, the rights with the list restriction of the environment if there is infringement of the individual's movement or other type of special needs. .Article 23 of the UN Convention provides for:

- Acknowledgment of the disabled child's right to a full and dignified life which promote self-reliance and active participation in community life;
- Recognition of the disabled child's right to special care and the extension of assistance to both child and care-giver;
- Recognition of the disabled child's right to equal access to education, training, health care services, rehabilitation services, vocational training and recreation opportunities in a manner which will facilitate full participation and individual development of the child.(Ibid.)

Accordingly many countries in the other parts of the world and in Africa had ratified the rights of the child which also included the right of the child with disability. But there are marked differences in practicing this right. From the African countries some like South Africa, Uganda and some from south east and central Africa have progressed in these activities to the extent of forming implementing committees for the rights of children with disability with practical methods such as empowering the parents (DICAG, 1998 & UNICEF, 1990).

Ethiopia has ratified and signed the UN declaration on the rights of the child. In view of the ratification as well as the pressing needs to reach all children the government has considered the

education of children and young people with disabilities, including children with intellectual disability in its general Education and Training Policy (MOE, 1994). One of the policy guidelines is the provision of basic education for all that ensures the right to education for all children regardless of the degree of their disability. According to this general guideline, all categories of children with disabilities are entitled to this educational opportunity from early assessment to early intervention, through schooling, prevocational, and vocational education. The other policy guideline is provision of education for children with special needs (i.e. with the disability and gifted) in accordance with their potential and needs, which suggests appropriate education for children with special needs including children with intellectual disability. According to the General Education and policy strategies, the special education and regular schools need to meet the educational needs of diverse groups and common interests, aspirations, and background of all pupils. These undertakings are in fact very important for all children but their implementation in Ethiopia at this moment is unpractical as the country is still suffering from long periods of severe drought and the effects of civil and external conflicts. Despite these problems the Government has expressed its' interest to implement the ideals indicated in the education and training policy document. However, the government may face several problems to change these plans into realities with its limited financial, trained manpower and material resources. It needs the involvement of non-government organizations and community members in order to bring about desirable changes of school social interaction to the most important unit of the community, the family (the parents). Since the family is the first school for the child to learn about the environment without being segregated and excluded. To change the ideals of the policy into practice, need assessment and thorough studies of the issue need to be undertaken in order to have a clear understanding about the deep rooted believes about intellectual disability and find out practical solutions.

The censuses made in 1994 and prior did not clearly count persons with intellectual disability (Tirussew and his associates, 1995). In the general estimation of persons with disability, there were 3.6% with all types of disability in the 1984 census and, among 52.08 million there were 988,849 persons with disability and those with intellectual disability were 64,081. The Addis Ababa figure in this census showed among the population of 2.1million, the disabled group to be 45,936 and those classified as mental problems to be 5,912. But the difference from the figures that can be calculated by 3% UN estimation is very high. Like the possibility of having

63,000 persons with intellectual disability in Addis Ababa alone. It indicated that only very few SWID have got a chance to learn, the main problem of it is different views of the society they give a nick name and thinking these students differently. The neglecting of SWID has historical background.

The evolution of the terminology and definitions associated with intellectual disabilities (ID) has reflected the knowledge of society at the time. The original terminology of idiot, imbecile, feeble-minded, and moron was used to describe people with ID in the late 1800s (Linneman, 2001). The diagnostic approach to disability emerged and became predominant in the early 1900s. This approach was based on medical explanations and defined disability as a long term physical, behavioral, psychological, cognitive, or sensory impairment (Gilson & DePoy, 2002). At the beginning of the 1950s; people were still being referred to as idiots, imbeciles, and morons. They were judged on their social competence, which was defined as “the functional ability of the human organism for exercising personal independence and social responsibility” (Doll, 1953, p. 10). By the end of the decade, the term intellectual disability was introduced, referring to “sub average general intellectual functioning which originates in the developmental period and is associated with impairment in adaptive behavior” (Linneman, 2001).

Intellectual disability became the common label for the rest of the 20th century as people worked to develop and refine measurements to assess intellectual and adaptive skills. In February of 2008, the American Association on mental and Developmental Disabilities replaced by the term intellectual disability. Intellectual disability (ID) is defined as “a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, social, and practical adaptive skills” which originates before the age of 18 (AAIDD, 2008). According to the Nebraska Department of Education, Rule 51 (2006), people with ID may be verified as having mild, moderate, or severe/profound intellectual disabilities depending on their intelligence quotient score and adaptive skills. They have got a chance to learn lately.

During the late 1800s, people with ID were perceived as a potential asset or value to society if provided with appropriate education (DeKraai, 2002). Schools and institutions were established to educate people with ID. Though the institutions were envisioned as schools, they soon began serving the role of teaching the teachable and providing custodial care for the untouchable. As more emphasis was placed on custodial care, residents of the institutions were taught to function

within the institutional setting, where they would most likely remain for life. According to DeKraai “The motivation behind this custodial philosophy derived from a desire to protect the person from society, rather than to protect society from the individual” (p.115). The segregated institutions, where people with disabilities supported themselves through manual labor, became the institutional model for several decades (Crane, 2002). In the early 1900s, the view of people with disabilities changed. Society began to view people with ID as threats and therefore efforts were made to segregate and confine them (DeKraai, 2002). It was necessary to build the school.

Institutions were expected to keep people with disabilities from creating trouble in the community. They were also expected to prevent them from reproducing because people believed that intellectual disability was hereditary (Crane, 2002). In an effort to eliminate intellectual disability, tens of thousands of people in institutions were involuntarily sterilized (DeKraai; Crane). Throughout the early 1900s, there were no schools, programs, or residential facilities set up specifically for people with ID (Crane, 2002). They were grouped in institutions with people who had mental illness and only taught skills that they could use in the institution. During the 1950s, families who had children with intellectually disabled began joining together for support and collaborated to form local associations and to establish schools (Ferdinand & Marcus, 2002). Parents used their own financial resources, became teachers, and fought for services they could not provide themselves. During this time, the families were the most persuasive force for change (Crane). The experience of social inclusion for people with ID is also variable concerning their interactions and relationships with people in the community overall. According to Blessing (2004), people with ID were concerned with their lack of meaningful activities and lack of social connections or friendships. Most of their time at work and in the community was spent with other individuals with disabilities (Pedlar, Haworth, Hutchison, Taylor, & Dunn, 1999). They did not often socialize or participate in activities with adults who do not have disabilities. (Hall, 2005) discovered: “within places of seeming exclusion- care homes and non-paid work- can be found spaces of inclusion, and within apparent contexts of inclusion- independent living and paid employment- exclusion is commonly experienced”. As determined from these multiple variables, the experience of social interaction is different for each person with ID.

Social interaction for SWID is having full access to activities, social roles, and relationships (Partington, 2005) as well as having valued presence and participation in society (Lemay, 2006). As described by Jaeger and Bowman (2005), social inclusion is equal access to physical places and equal opportunity to access and understand intellectual content. It is also a sense of belonging that stems from friendships (Crane, 2002). Having positive interactions as well as developing and maintaining a network of friendships is an important aspect of social inclusion (Crane; Lemay). Social inclusion is also viewed as having meaningful social roles that may take place in the family, workplace, at activities, and in the community (Lemay). According to Crane, the social roles of people with ID help them to feel like they belong and become accepted as legitimate parts of their community. Social interaction for SWID consists of three elements: being involved in the community, maintaining reciprocal relationships, and having a sense of belonging. Involvement in the community includes the use of community amenities and participation in structured recreation, leisure, church, and volunteer activities. Developing and maintaining reciprocal relationships with family, friends, coworkers, and acquaintances in the community is important for people with ID. A sense of belonging is developed when a person is accepted by others, seen as an individual, has positive interactions with others, and is not excluded through marginalization, teasing, or bullying. People with ID experience social interaction in a variety of contexts. They experience social interaction at work, school, day programs, living accommodations, in community settings, in their family, and at their structured activities. In these various contexts, they experience social interaction at the infrastructural, interpersonal, and personal levels.

The study focused on the problem of school social interaction of students with intellectual disability at Yekatit23 school with their teachers, parents and school administrators in and out of classroom situation in the regular school setting. The school has found in Addis Ketema sub city wereda 8 around Ehil Berenda Mesalemia. Social interaction and participation in this context is the communication of children with intellectual disability with teachers, parents and friends of without disability in the teaching learning process, extra-curricular activities and guidance and counseling service. Interaction is the mutual understanding of two or more persons towards each other to share and interchange interests, feelings, opinions, or information by using different systems of communication (Johnsen 2001).

Some scholars indicated that disability is one problem of interaction, as group children with disabilities are particularly vulnerable to participation restrictions, due to problems in the interaction between the child and its social and physical environment (Harding et al., 2009). Children with disabilities have less support from the environment in the society, are less involved, and do not participate in activities as often as other children (Bedell et al., 2013).

There are different causes of intellectual disability a number of it is hereditary, it leads the parents not to include their child with others because others think them like dame family, Some cause of Intellectual disability is related with socioeconomic status and it will be inherited. According to Arvidsson et al. (2013) cited by Sara Abraham & Humpus Palmberg, intellectual disability is defined as a multifaceted state which is established during the developmental period. David et al. (2014) describes that it is common that intellectual disabilities are inherited, as well as connected to socioeconomic status. According to Pendzick and Demi, (2009) cited by Sara Abraham & Humpus Palmberg the definition of intellectual and developmental disability has changed over time. Earlier the intellectual impairment was described by using the terms mild, moderate, severe and profound but now it is described in correlation to the amount of support that is needed to be able to function in everyday life. Intellectual disability restricts participation in activities in everyday life, for example engaging in leisure activities (Arvidsson et al., 2013). Furthermore, children with a disability participate in less recreational activities, tasks in the household and social activities.

Research points out that participation changes when children become older and the amount of activities that take place outside of the home decreases (Law, 2002). Article number 23 in the CRC describes that all children with any kind of disability have the right to participate in society and live a full and decent life (UN, 1989). Article number two in the Convention on the Rights of the Child (CRC) clearly states that no child should experience any kind of discrimination, regardless of disability status, or for any other reason (UN, 1989). Despite this, the cultural beliefs held by parents and the community can contribute to loneliness and isolation among children with disabilities (Lyngnegård et al., 2013), as well as marginalization and second-class citizenship in the form of exclusion from socioeconomic life and education (The African child Policy Forum [ACPF], 2011). These problems also observed in our country Ethiopia, many people are excluded from the society because of their disability; it includes the school social interaction. According to

the International Labor Organization (ILO, 2003), people with disabilities are the largest invisible minority group in Ethiopia. According to Tirussew (2005), there are 8 million people with disabilities in Ethiopia, although the World Health Organization (WHO) estimates the number to be much greater. Due to the high stigma associated with disabilities in the Ethiopian culture, most people either hide or never declare a disability (Tirussew, 2005). In Ethiopia, people with disabilities often are not participants in society because of the overall belief that disabilities are a result of a curse and/or are punishments from a deity (Mulatu, 1999).

In sociology, social interaction is a dynamic sequence of social actions between individuals (or groups) who modify their actions and reactions due to actions by their interaction partners. From the ecosystem prospective and the zone of proximal development theories the child gets different experiences from his/her immediate environment and learns different activities through interaction with more experienced adults and peers (Rogoff, 2003). Integration of students with special needs in the regular classroom setting will be successful if they are appreciated by their teachers and accepted by their peers as well as by school administrators (Antia, et al. 2002). Teachers should have positive attitude towards students with special needs; it helps the students to develop self-esteem and to be effective socially and academically.

1.2. Statement of the problem

Students with intellectual disabilities (ID) continue to face preconception and discrimination that limit their social interaction. People with ID have been segregated from the mainstream of society and will remain segregated as long as they are subjected to prejudice and intolerance (Crane, 2002). Even the participation restrictions imposed by society limit the achievement of typical social roles for children with ID (Bigby, Fyffe, & Ozanne, 2007). Though friendships are an important part of social interaction, SWID generally have limited opportunities to develop and sustain friendships. Though they have a desire for friends, supports are absent and they may not have adequate social skills (Bigby, Fyffe, & Ozanne, 2007).

It is not easy to increase the participation of students with intellectual disabilities. So the school society must include these students to improve relationships some scholars said that it is difficult for students with ID to develop friendships with those without disabilities because people with ID are usually segregated (Lemay, 2006). In a study by Pedlar, Haworth, Hutchison, Taylor, and Dunn (1999), the participants with disabilities were involved in segregated leisure activities and had few encounters with the world beyond the service system. Participants expressed that they were not happy with a social network that included only people with disabilities. As found by Keogh, Bernheimer, and Guthrie (2004), many of the recreational and social interactions of children with ID have been limited to their families. Social integration is an important aspect of life for young children with ID. They should be able to live like others in the community and fulfill typical social roles (Bigby, Fyffe, & Ozanne, 2007).

There is a deficiency in the literature concerning the social interaction of children with ID. The findings of the few research studies about their social interaction are limited to the local contexts in which the participants live. Additional research is needed to understand the social interaction of SWID and to advocate for change. It is important to include the social aspects of interaction in research because previous considerations of disability have focused primarily on physical access (Jaeger & Bowman, 2005). There is also a need to hear the voices of SWID themselves to really understand their current experiences and what can be done to enhance their social interaction. Professionals such as service providers and teachers would benefit from knowing the current experiences of SWID and the contexts that limit or enhance their social interaction. SWID as well as family members and friends who advocate for them would also benefit from the information.

Advocates may use the information to identify barriers and develop strategies to enhance the social inclusion of individuals or groups of people with ID. They may also use the information to educate community members and influence policies, procedures, and education of individuals with ID.

In Ethiopia the cause of disability including intellectual disability is wrongly perceived as a curse, evil did, sin or wrong doing of parents, the persons with disability themselves or other spiritual force. Because of this parents are using holy water or local medicine for the treatment of disability to take out the spiritual force from the person; and hide the disabled person not to be teased by others.

The society does not believe that children with intellectual disability are capable of being educated, expressing their opinions or sharing feelings. The attitudes of parents having children with intellectual disability also differ from one another. Some perceive them as a gift from God while others over protect them. For instance, they do not allow their children with intellectual disability to go out and play with their peers; do not send them to school, etc. This is because of fear that their children might be exposed to danger. On the other side, there are families who have negative attitudes towards their children with intellectual disability and deny them love, care and protection. This is a result of lack of awareness. Because of these and other problems it is too difficult for children with intellectual disability to interact with the society. Previous research has indicated that young children with disabilities are often socially isolated or excluded within inclusive early childhood settings (Guralnick et al., 2006).

The present era is assumed to be the period of liberation, democratization as well as equality from discriminations due to gender, race, color, disability etc. and Ethiopia too ratified the UN declaration on the rights of the child. Effective rehabilitation measures permit most children and youth with intellectual disability to become self-supporting members of the society and helping to improve the economic level of their communities. Unfortunately, in developing countries, such as Ethiopia, with low standards of living the level of educational and related services are generally insufficient and with economic constraints. This means that priority is given to children without disability even though with minimum distribution, however the chance for many children with intellectual disability are to be denied of basic education and training services.

At present, not more than 300 children and youth with intellectual disability receive education and related services in two special day care centers, and two special classes within regular schools in Addis Ababa. This figure is very insignificant when it is compared to the total number of children and youth with intellectual disability in the region, the main problem for this small number of students is absence of social interaction, even in the school students without disability don't want to interact with them.

Above all, students with intellectual disability are the most disadvantaged group in the society, suffering even greater hardships than others. Their difficulties are aggravated by unfavorable interaction with their peers, teachers, and school leaders which cause their lives to be more restricted than disability warrants. Thus children with intellectual disability on various levels are considered as valueless, helpless and dependent on others. Such believes deprive the children's normal interactions, free choices and freedom of movement to learn from the environment. This study focused on inquiring about the following study questions.

1.3 Research questions

- What problems do children with intellectual disability at Yekatit 23 Primary School face to interact with the school society?
- Is the availability of the school environment conducive to interact students with intellectual disability at Yekatit23primary School?
- How do teachers encourage and facilitate students with intellectual disabilities at Yekatit 23 primary School to participate in the classroom activities?
- How do students with intellectual disability at Yekatit 23 Primary School participate in classroom and leisure time with teachers and their peers?
- What are the observed solutions to solve the problem of interaction SWID at Yekatit23 Primary School?

1.4. Objectives of the study

1.4.1 General objectives

The overall objective of this study is to identify the existing problem of interaction of students with intellectual disability in Yekatit 23 Primary School and to give suggestion and recommendation based on the finding and also it expected to initiate other interested researcher for further studies. Furthermore, it will give insights for interested social workers and other concerned bodies.

1.4.2 Specific Objective

- To explore the problem of students with intellectual disabilities to interact with society
- To create awareness for the school society how to interact with children with intellectual disabilities.
- To assess the interaction problems of the school society to interact children with intellectual disabilities.
- To suggest possible recommendations to increase the degree of interaction of these children in the society.

1.5 Significance of the study

This study will serve those who are interested to study about intellectual disability. Its method will help to find out the deep rooted problems of students with intellectual disabilities that influence their interactions. And to be exemplary to future studies that will focus on qualitative methodology and the documentation of the research findings will assist students, teachers and other graduate students. The findings and the recommendation will also assist interested organizations, associations of different groups and NGO's. it also influence the views and attitudes of policy makers, teachers and other parents who will get the information from the study and it is also believed to bring about a positive perspective of the issue and its relevance.

1.6 Scope of the study

This study is narrowed in its scope at yekatit23 SNE School. In addition to this, it is delimited only to investigate the interaction problems of SWID and the population of the study is teachers, SWID and also school principals.

1.7 Limitation of the study

Refusal by some respondents to give the necessary information, time and financial constraints, considered as a limitation to the study that the researcher encounter during the study.

1.8 Conceptual definitions of terms

Disability- restriction to perform certain task that is normal to other due to impairment of the body part

Self-care: - It is the ability of individuals, families and communities to promote, maintain health, and prevent disease and to cope with illness with or without the support of a health care provider (World Health Organization, Regional Office for South-East Asia. (2014

Extracurricular Activities- organized student activities connected with school and usually carrying no academic credit.

Intellectual:- It is a person's ability to think and to understand ideas and information.

Intellectual disability- is certain limitations in mental functioning and in skills such as communicating, taking care of him or her, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child.

Social interaction- Erving Goffman was a sociologist, as he defined Social interaction is the process by which we act and react to those around us. In a nutshell, social interaction includes those acts people perform toward each other and the responses they give in return. Having a quick conversation with a friend seems relatively trivial.

CHAPTER TWO

2. Literature review and Theoretical Framework

This chapter reviews the relevant literature that has been read with particular reference to the subject matter of this thesis. Full understanding of the social interaction problems of students with intellectual is parts of this chapter.

2.1 Definitions of Intellectual disability (ID)

The concept of intellectual disability is made more complex because of the varying disciplines involved, which represent widely divergent viewpoints. These different disciplines involve psychiatrists, sociologists, psychologist's educators, anthropologists and many others, each with somewhat separate perspective and language. Due to this perspective the theoretical basis and definitions are given out. Even from one discipline such as psychology, there are differences, like the developmental psychology explaining Intellectual disability from the point of view of development delay while the behavioral approach consider the treatment from the point of view of stimulus response behavior.

According to the tenth revision of the WHO (World Health Organization):

“Intellectual disability (ID) is a disorder defined by the presence of incomplete or arrested mental development, principally characterized by the deterioration of concrete functions at each stage of development and that contribute to the overall level of intelligence, such as cognitive, language, motor and socialization functions; in this anomaly, adaptation to the environment is always affected. For ID, scores for intellectual development levels must be determined based on all of the available information, including clinical signs, adaptive behavior in the cultural medium of the individual and psycho-metric findings”.

2.2 Types of intellectual disability

The children with severe and profound intellectual disability can easily be identified physically. One of the common types of disability in both levels is Downs syndrome.

2.2.1 Downs Syndrome

The physical features of a child with Down syndrome have similar characteristics one child

seems similar to the other. These physical characteristics are: the head flatter on the top, slanted eye lids with folded skin, flattened nose bridge, absence of definite patterns in the lines of the palm, thick hands, very short fingers, narrow mouth, protruded tongue subnormal weight, lax bon joints, and short neck. There are differences in the sizes many of them are short stature and some of them are thin and long. (Max L. & Robert G.Gibby, 1976)

Drew and his associates (2002) added other factors like the common problems in the internal metabolism such as heart defects, susceptibility to upper respiratory infections, incomplete or delayed sexual development. Although most downs are in the moderate and sever retardation level, their physical characteristics do not necessarily indicate their level of intelligence to be in the sever stage.

But when a child is born with Down syndrome in addition to the above symptoms the baby can have the following features (David Werner, 1987) at birth in infancy and at the early years.

- The baby seems floppy and weak.
- The Baby does not cry.
- The baby is slower to turn over, grasp things, sit up, talks, walks or may not perform at all unless intervention is provided.
- When suddenly lowered, the baby does not react by spreading his/her arms. A fold of skin covers the eye and eye lids may be swollen and red.
- The Iris of the eye has many little white specks like sand these usually go away by 12 months of age.

2.2.2Causative factors

Many social and medical scientists have spent a lot of research to know more about the causative factors of intellectual disability. Over 70% of the causes of Intellectual disability are not known. For the 30% various explanations are given. These are chromosomal malformations and congenital factors in the prenatal stage, Birth trauma and environmental factors after birth.

2.2.3Congenital factors

Intellectual disability caused by this factor is when the child is affected in the prenatal stage due to problems occurred in the interaction process between the mother and the child. Such factors are maternal infection and drug. Infections include measles and other diseases the mother contracts

and affect the child in the early periods of pregnancy. Malnutrition of the pregnant mother is also the other factor for low birth weight and low brain weight. (Max L. & associates 1976)

2.3. Characteristics of students with intellectual disability

The most commonly recognized deficits of students with intellectual disabilities are those that relate to academic success such as reading and language deficits (Cermak & Murray, 1992). However, there are also nonverbal deficits in areas such as spatial perception, interpretation of facial expression and music and rhythm. In addition, individuals with intellectual disabilities often have associated hyperactivity, attention deficits, and maladaptive behavior (Cermak & Murray).

Research has shown that many children with intellectual disabilities experience social skills deficits estimates of the prevalence of social and behavioral difficulties range from 35% to 75% of the population of students with intellectual disabilities (Haager & Vaughn, 1995). Due to the increasing recognition of problems in social skills in individuals with intellectual disabilities, the interagency committee on intellectual Disabilities has modified their definition of intellectual disabilities to include not only academic achievement but social skills as well. The ICID refers to intellectual disabilities as "a heterogeneous group of disorders manifested by significant difficulties in the acquisition and use of listening, speaking, reading, or mathematical abilities, or of social skills" (Gresham & Elliot 1989).

2.4. Theories related to student with learning disability and social skills deficits.

Aspects of social deficit in students with intellectual disability

The term social skills have been used variously by different investigators. Many individuals refer to deficits in social skills to encompass the various types of social and behavioral difficulty noted in student with learning disabilities, and use the generic term "social skills training" to encompass the different approaches to remediate these problems. Vaughn and colleagues use the term "social competence," a broad term which describes "social behavior, understanding and use of social skills, and social acceptance" (Haager & Vaughn, 1995). Social competence is viewed as a multidimensional, interactive contact. In describing a model of social competence, Vaughn and Hogan (1990) identified four components: social cognition (e.g., self-perceptions), absence of

behavior problems, social skills, and peer relations. They posit that it is the interaction of and interrelationship among the four components that yield socially competent behavior (Vaughn & Haager, 1994). In this paper, aspects of social competencies identified by different researchers will be discussed.

2.4.1 Social Perception

Research has suggested that one aspect that may contribute to the social skills deficits of students with intellectual disabilities is their lack of social perception. Social perception can be defined as one's ability to accurately perceive and interpret a situation (Cartledge, Stupay, & Kaczala, 1986). In a study by Axelrod (1982), four tests were used to compare the social perception ability of adolescents with and without learning disabilities. Fifty-four adolescents with learning disabilities and 93 control subjects in the eighth and ninth grades were given the Profile of Nonverbal Sensitivity (PONS), a standardized measure of individual accuracy in the decoding of nonverbal cues. In addition, 3 of the 4 subtests of the Four Factor Tests of social intelligence were used (expression grouping, missing cartoons, and cartoon predictions) to also measure decoding of nonverbal social cues. Axelrod found significant differences between the learning disabled group and the control group for all measures with the exception of the audio only channel of the PONS test. The author concluded that adolescents with learning disabilities appear to be significantly lower in nonverbal social perception skills than control subjects. The fact that no significant difference was found with the audio channel indicated that the modality that differentiated the two groups is visual.

Jackson, Enright, and Murdock (1987) also assessed the social perception problems in students with intellectual disabilities. They analyzed whether the social perceptual ability/disability of adolescents with and without learning disabilities would change with age. As in the earlier study conducted by Axelrod (1982), social perception was assessed using the Four Factor Tests of Social Intelligence and the PONS. Jackson et al. found that there was a gap between the social perceptual abilities of adolescents with learning disabilities and nondisabled adolescents through the age of 17, the oldest age studied. Although the social perceptual abilities of both groups improved as they got older, the group with intellectual disabilities continued to have less skill. The authors suggest that the deficits in social perceptual ability is one of the underlying factors for inadequate social skills, and should be addressed in social skills training.

2.4.2 Behavioral Problems

Another aspect that may interfere with social interaction in students with intellectual disabilities is that many of these student exhibit behavioral problems. McConaughty and Ritter (1986) examined the social competence and behavioral problems of boys with intellectual disabilities ages 6-11 years old. Parental reports using the Child Behavior Checklist (CBCL) indicated that the boys with intellectual disabilities displayed significantly more behavioral problems in comparison to the nonnative sample. In addition, these boys received significantly lower scores for participation in activities, social contacts with organizations and friends, school performance and total social competence. The authors suggested that students who display behavioral problems may have difficulties interacting with peers and in turn have less social contacts and involvement with others.

In summary, many, but not all, studies reported that students with intellectual disabilities display more behavioral problems than their peers. This finding is supported in a meta-analysis of studies using teacher ratings and/or classroom observations which identified lack of on-task behavior and excessive off-task behavior, conduct disorders, distractibility, and shy/withdrawn behavior as problem areas with students with LD (Bender & Smith, 1990).

2.4.3 Problem Solving

As reported by Schneider and Yoshida (1988), students with intellectual disabilities have been shown to have difficulties in problem solving. Although Schneider and Yoshida did not relate inadequate problem solving ability to the social behavioral problems, many researchers have suggested that the poor problem solving ability of students with intellectual disabilities affects their social relations.

TurKaspa and Bryan (1994) examined the social information-processing of students with learning disabilities and two matched groups of low-achieving and average-achieving students. Students with LD performed significantly more poorly than average achieving students on each of the five information processing skills. Furthermore, subjects with LD displayed a unique pattern of deficits with particular problems in encoding of social information and a tendency to select incompetent self-generated solutions to social situations.

In summary, research has demonstrated that many students with intellectual disabilities exhibit difficulties with problem solving. They were found less likely to generate alternative solutions, were less persuasive, and were more demanding. Examination of their social strategies indicates that although their goals are the same as their peers, the strategies used differ.

2.4.4 Verbal Communication

Bryan and Bryan (1978) considered the verbal behavior of students with intellectual disabilities to be a variable which may cause social difficulties. Using an observation technique two observers simultaneously coded the subjects' social interactions and communications into seven categories: rejection, requests for information/materials, self-image, helping/cooperation/giving, egocentric/self-comments, and reactivity. Students with intellectual disabilities verbalized nasty statements more frequently, and received and engaged in significantly more rejection statements. The students with intellectual disabilities more frequently failed to respond to peers than comparison subjects. Using a stoichiometric scale, it was found that the students with intellectual disabilities were viewed as less popular than their nondisabled peers. The authors suggested that this may be a result of their inadequate verbal communication habits.

Mathinos (1988) conducted a study to identify and characterize the differences in communicative abilities between students with intellectual disabilities and nondisabled peers. The communicative skills of 30 students with intellectual disabilities and 30 students without intellectual disabilities between 9 and 13 years old were examined through the use of a referential communication task and a semi-structured dyadic interaction. Sixty normal achieving students were selected as partners for the tasks. The referential communicative task used eight target figures each of which the subject needed to describe well enough so that their partner would be able to choose that figure from among 12 cards. Each figure description produced by subjects was scored on 3 dimensions (degree of success, efficiency of the description, and content of the initial description). Normally achieving subjects performed significantly better than subjects with learning disabilities on both success and efficiency.

2.5 Social interactions

Social interactions refer to particular forms of externalities, in which the actions of a reference group affect an individual's preferences. The reference group depends on the context and is typically an individual's family, neighbors, friends or peers. Social interactions are sometimes called non-market interactions to emphasize the fact that these interactions are not regulated by the price mechanism. There are several statistical problems that arise in estimating social interactions effects. It is often difficult for a researcher to identify correctly the peer groups. Social problems, also called social issues, affect every society, great and small. Social problem means the problem are faced by a majority of human beings such as jobs, security, medical care, transportation and education.

Social interactions models have implications for the sorting of people and activities across space. As Schelling (1971) demonstrated, when individuals can choose locations, the presence of these interactions may result on segregation across space, even in situations where the typical individual would be content to live in an integrated neighborhood, provided his group does not form too small a minority.

Ethiopia is a country with diverse population in relation to ethnicity, culture, and language. Due to these diversities, the attitude of people towards persons with disabilities varies from culture to culture and from place to place. Traditionally, persons with disability have been neglected (marginalized) due to cultural, religious, socio-economic factors and lack of awareness in the society. Thus many families of the community prefer to hide children with disabilities or send them somewhere remote so that they may live by begging rather than sending their children to schools.

On the other hand even those who got the chance to go to school are not getting appropriate support and benefit from the general education system. Here, children with disabilities are put in separate classes (unit) with assigned teachers who are trained or untrained with basic skills to work with children with disabilities. Children in the special units benefit academically, but remain to be socially segregated.

2.6The Importance of Communication for interaction

Communication is the process of exchanging information. Information is conveyed as words, tone of voice, facial expression and body language.

According to A. Barbour, author of *Louder than Words: Nonverbal Communication*, words account for 7 percent of the information communicated. Vocal tone accounts for 55 percent and body language accounts for 38 percent. Remember, everyone communicates, your success will largely depend on the positive relationship you establish with the person(s) you help support as well as the relationships you develop with your peers. Communication is a key component in developing positive and supportive relationships and interactions. Communication is meaningful if people find the content interesting or useful, or if they feel it has a purpose. Some people that you will support may have alternative ways that they use to communicate. It is important to find out what the person's preferred mode of communication is and use it when communicating. For example, the person may understand the spoken message better when pictures are used along with speech. Information about receptive (what a person understands) and expressive (what a person says) levels of communication can be found in the person's Individual Service Plan (ISP).

Communication is the tool you will use in assisting a person in identifying and achieving his/her outcomes. You cannot do this unless you know the person's preferred communication know what a person is able to communicate in all situations understand the communication process.

The communication challenges of students with intellectual disability vary depending upon the intellectual and social development of the person. Some may be unable to speak, whereas others may have rich vocabularies and are able to talk about topics of interest in great depth. Despite this variation, some people with ID may have little or no problem with pronunciation; however most have difficulty using communication effectively. Most also have problems with word and sentence meaning, intonation and rhythm. Those who can speak often say things that have no content or information. For example, a person with ID may repeatedly count from one to five. Others use echolalia, a repetition of something previously heard. One form, immediate echolalia, may occur when the person repeats the question, "Do you want something to eat?" Instead of replying with a "yes" or "no" the person will repeat the question "do you want something to eat?" every time they are requesting food. Some people may have high intelligence and may be able to speak in depth

about topics they are interested in such as dinosaurs or railroads, but are unable to engage in interactive conversation on those topics.

Many people with ID do not make eye contact and have poor attention skills. They are often unable to use gestures either as a primary means of communication such as in sign language or may be unable to point to an object they want. They may not respond to the speech of others and many times are mistakenly thought to have a hearing loss

2.6.1 How is communication problem in PWID treated?

Intellectual disability is suspected, the person's/child's physician will usually make referrals to a variety of specialists, including a speech-language pathologist. This is a professional who performs a comprehensive evaluation of the person or child's ability to communicate and designs and administers treatment. Here are some general guidelines regarding treatment: The best treatment begins early.

2.6.2. Problems of speech

Some people may not speak clearly. This may be a result of physical problems such as a cleft palate (a crack or space in the roof of the mouth, leaving an opening to the nasal cavity); injury or disease related to damage to the vocal chords or other structures involved in the production of speech; and articulation problems (speech sounds are distorted, substituted, added where they don't belong, or completely left out.) weak and/or uncoordinated muscles.

A person who has speech problem that is not easily understood has probably experienced frustration and humiliation. Your job is to understand what she/he talk, and to be sensitive. Be careful not to embarrass the person. Aggressive behaviors may arise from this frustration, or lack of desire to communicate may arise from poor ability and prior failures to understand their felling.

2.7. Current situation

According to the International Rehabilitation Review, nearly 10% of the world's population has disabilities, of which 80% live in developing countries. Most of those in developing countries do not have access to rehabilitation services due to a lack of resources and other various factors. The state of persons with disabilities in Ethiopia is even more tragic and severe due to the presence of diversified pre and post-natal disabling factors (like infectious diseases, difficulties contingent to

delivery, under-nutrition, malnutrition, harmful cultural practices, lack of proper child care and management, civil war and periodic drought and famine) and the absence of early primary and secondary preventive actions. Tirussaw, T. (1998), Persons with Disabilities of High Achievement Profile in Ethiopia,

Major current problems concerning disability are:

- Lack of public understanding
- Lack of information on the number and status of disabilities
- Shortage of basic needs, such as vocational training placement and health facilities etc.
- Inaccessibility to assistive devices

In Ethiopia, some associate disability (handicap) with spiritual evil and do not let disabled persons to go out in public. This leads to families hiding disabled family members which lead to inaccurate information and statistics on disabilities. Tirussaw, T. (1998), Persons with Disabilities of High Achievement Profile in Ethiopia, to alleviate the problems of disability the Ethiopian Federal Democratic Government has organized a Rehabilitation Department under the Ministry of Labor and Social Affairs (MOLSA). The main activities of the department are to realize rehabilitation, capacity building, and awareness rising. Government administration has been decentralized from the central to regional levels with structures extending from the zones to the “Woreda” districts. With respect to organizations, persons with disabilities have formed five associations and one federation to advocate their rights.

CHAPTER THREE

3. Research Methodology

3.1 Research design

Research design is a comprehensive plan for data collection in an empirical research project. It is a “blueprint” for empirical research aimed at answering specific research questions or testing specific hypothesis, and must specify at least three processes: the data collection process, the instrument development process, and the sampling process (Bhattacharjee, 2012).The research design for this study was a qualitative research design.

The researcher was choose this design or approach for the fact that the participants of the study need critical approach from various dimensions so as to describe and explain the existing facts and situations surrounding problem of interaction. The study also accessed a few number of respondents of teachers, special needs education officers and principals.

3.2 Area of the study

The study was conducted in Yekatit 23 Primary School. The school was chosen because of the researcher has experience about the school that it has students with intellectual disabilities. The school is found in Addis Ababa city of Addis ketema sub city around Mesalemia. Students were taken from grade 5-6 of the school.

3.3 Research participant

3.3.1 Target population

Cooper and Schindler (2003) indicate that a population is a group on which the researcher would focus. Ngechu (2004) states that a population is a set of people, services, elements, group of things, or households that are being investigated. Since the purpose of this study was investigating the social interaction problems of students with intellectual disabilities at Yekatit 23 Primary School, the target population of this study was included teachers, students with intellectual disability, special needs education officers, and principals. Accordingly, the total population of the study is 150.

3.3.2 Sample design

Purposive sampling technique was applied to determine the sample. Purposive sampling is a sampling design that is not intended to offer a representative sample but rather to hone in on

particular phenomena and/or processes. According to, Rubin (1995) Purposive sampling is guideline for selecting informants purposively. These include focusing on subjects who are knowledgeable about the situation or experience being studied, willing to talk, and are able to cover a range of points of view. On a similar note, Glaser and Strauss (1967) emphasize utilizing purposive sampling to highlight the range of similarities and differences among informants. Hence, the sample design of this study would be conducted by using purposive sampling method in order to get the required information from the target population. The researcher wanted to have a sample size of $n = 7$ to be drawn from a population of size $N = 150$.

3.4 Source of data

The major source of data for this research was both primary and secondary data sources. Primary source of data is very important to collect firsthand information from the respondent themselves to know their feelings, attitudes, opinions and perceptions towards their social interaction problems of students with intellectual disabilities. Secondary source of data helps to gather data from different materials that were already done by some researchers in the past. These are books, journals, research studies, reports, websites, and other related documents.

3.5 Data collection instruments

The researcher was used both primary and secondary data collection method so as to get the required information for the study. To collect the primary data the researcher was used the primary data collection instruments such as interview, observation and focus group discussion method. In addition, Secondary data was collected by reviewing related literatures from the area such as annual reports of the school and different findings of the area.

3.6 Method of Data Analysis

In order to meet the general and specific objectives of the study qualitative methods of data analysis was employed. The qualitative data collected from key informant interview was contextually analyzed and triangulated.

3.7 Ethical Consideration

Research ethics refer to the appropriateness of your behavior in relation to the rights of those who become the subject of your work or are affected by the work (Mark et.al, 2007). According

to Adams et.al (2007), in doing any research there is an ethical responsibility to do the work honestly and with integrity. Every person involved in the study was entitled to the right of privacy, and they were told the nature of the study to be conducted and given the choice of either participating or not participating because any participation should be voluntary. In the time of data collection the researcher make sure to get the consent of the sample participants and would keep the information confidential. The researcher reported the findings in a complete and honest manner and gave appropriate recognition where credit was due and acknowledged any indebtedness to others.

3.8 Data collection procedures

According to my work I have followed the procedures to collect data. First, have selected the type of instrument those are observation, interview and focus group discussion. Then, I prepared an interview guidelines and observation checklists also points that I used in a group discussion time. After that an interview proceeded with the selected participants. Besides, an observation also continued based on the checklist and group discussions then the data were collected. Finally after collecting the data, I have analyzed and interpreted the data qualitatively using words and sentences.

CHAPTER-FOUR

4. DATA ANALYSIS, PRESENTATION AND INTERPRETATION

In this chapter, findings of the study are presented, analyzed and discussed. The first part of the chapter mainly deals with demographic characteristics of respondents. The remaining sections of the chapter are reorganized based on sequence of the objectives for which the study was conducted.

4.1. Demographic Characteristics of the Respondents

In the process of conducting this research work as the researcher mentioned it in chapter three sample size of the total number of participants are 6, out of this 4 teacher participants both are females and 2 male school leaders.

4.2. Data Analysis on basic research questions

Table 1: Information and codes given for teacher and school leaders

Participants' code	Sex	Educ. Level	Position
PT 1	M	1st Degree	Director
PT 2	M	1st Degree	Deputy
PT 3	F	1st Degree	Teacher
PT 4	F	Diploma	Teacher
PT 5	F	Diploma	Teacher
PT 6	F	Diploma	Teacher

On the table above for the analysis of qualitative data it is required to give code for participants in the study. In first column the name of participants selected for the study is mentioned, next to that all participants are provided with code from PT1 – PTC6, and finally their sex, educational level and position held is mentioned. The analysis of semi structured interview questions is discussed below as follows.

4.2.1. According to the interview

- **Theme 1:** What problems do children with intellectual disability at Yekatit 23 School face to interact with the society?

First school leaders and teachers were asked the main problems of S.W.I.D. to communicate with teachers according to their response all interviewee indicated by the code PT1 and PT2 said, there are many problems to interact with the society, some students afraid that of others can beat them and take their materials. And some are very slow in to move but they like to play with others but slowly and since many can't tolerate them they make out of play. So they can't interact with others easily. Some students talk only if they had questions even during break time, they spent the time on their own because of they can't speak as other students, so they keep them from talking with others.

- **Theme2:** Is the accessibility of the school environment conducive to interact students with intellectual disability at Yekatit23 Primary School?

In line with this they also said about the school environment for interaction, they said it is not conducive to interact each other because of the school building covers large area of the school compound. SWID don't have a chance to move and play with others, instead of this they sit in one place and look the others. The researcher asked about outside school environment , they said as you see the place is around mesalemia so many people are living around this area and they are not educated well so they make laugh at SWID. Moreover, the school leaders and teachers were asked how they interact and communicate with students with intellectual disabilities, almost all of them said it is difficult to communicate with them because of some reason like some students don't want to talk, they fear the unknown, others gives love easily they need to kiss and some are not clean but we tried to interact with them during leisure time by playing a game and throwing a ball and we try to watch them when they run here and there.

- **Theme3:** How do teachers encourage and facilitate students with intellectual disabilities at Yekatit 23Primary School to participate in the classroom activities?

Other interview question states how do you encourages and facilitates SWID to participate in the classroom activities, then they said in order to encourage the interaction of SWID in the classroom we are working in cooperation with special needs educators and professionals to make adjustment in the curriculum to meet the different group of learners in the class. Here interviewee represented

by code PT4 added by giving group work, making them to talk funny stories, asking questions they know it before and appreciating when they give answer.

- **Theme4:** How do students with intellectual disability at Yekatit 23 Primary School participate in different activities with teachers and their peers?

The researcher also asked about students WID participation during different activities like extra-curricular activities, break time and in classroom activities with teachers and their peers, interviewee with code PT3-PT6 said that they are very poor in interaction and participation in the classroom activities during oration time, conversation, group discussion and teaching by radio even during extra-curricular activities many of them are needs to be alone. The frequent activities of these students in the classroom was copping what is written on the black board and asking the teachers repeated questions. Most of the time the we finished the whole period by using lecture method and all the instruction by oral like do it, don't touch it, and stop.

- **Theme5:** What are the observed solutions to solve the problem of interaction SWID at Yekatit23Primary School?

The researcher posed the participants and ask tell me the solution for the interaction problem of SWID, they said the first solution is on the hand of parents of SWID but they didn't have any suggestion about the problem of their children interaction with the society, So giving the awareness program for the community members (neighbors, local associations, schools, and Woredas) is our duty, we must work together but when we call parents to talk about their children they are not allowed to attend. There must be early child hood intervention. Minimizing the workload of the teachers; organizing guidance and counseling service for all students. In general the school members, parents of students with intellectual disability and the society must give attention for these students.

4.2.2According to observation

The researcher has got an opportunity to observe the children's interaction in a natural setting in the classroom and outside the class according to my observation in the classroom SWID communicated with their teachers they asked her the same questions repeatedly, it makes her boring, It is too difficult for her to make them in group because of their changeable behavior. As I have seen in the classroom the teacher made them in group but many of them wanted to do their own, no more helping each other, rather than they disturbed the group. Only one group tries to

work together but they couldn't agree by the decision of the team leader. The researcher have seen the height of some SWID, it is a little less to their age they looks a 3-4 year old child in their performances, their speech also not clear (but their teacher tried to understand) they had a good social development and easily interacts with teachers and peers in the classroom but when they are out of the classroom others neglected them.

There were also two neglected students even in the classroom because of their observable physical conditions. Their feet are not properly walking. They try to talk but not much clear. They spend the whole day outside the classroom. Some are very quiet they don't want to talk. During my observation there was a girl she is physically appropriate for her age. Her head is smaller; her lips are thick and have spoiled teeth that made her speech more unclear. Socially she easily interacts. She is sensitive to negative comments of the school members. She is eager to new things. Teacher and students had a positive interaction observed during lesson, mealtime and leisure time verbally as well as touch is normal and supportive.

Interaction among SWID- There is a lot of interaction among each other the interaction is positive and protective. There are interactions with students without disability as any of the children have but some like to play with them to laugh at them/ harm them. Some are not mostly interacting with others since they sit and spend alone at the side of the building. Some students interacting with teachers and others with the type of commanding words because as a hyperactive they touch now and then the materials at school and some teachers' eyes are on them to protect them from harm or from distracting materials.

When I observe the school environment, it is not conducive for interaction with each other as well as with teachers because of there is little or no utilization of modified equipment to include CWIDs. The participation of SWID is limited. As the researcher observed the school compound, it is not suitable and it doesn't allow SWID to freely move in the compound to interact each other it includes school buildings, playgrounds, etc. Apart from this, the school is physically inaccessible to many learners because of poor buildings.

4.2.3 According to group discussion among school teachers and directors

This discussion is among the key participants of the study such as school teachers and directors. The discussion was mainly focused on the social interaction problem of students with intellectual

disability (to play with their peers, to help each other) and what is the solution for this problem. On the discussion all participants were gathered together and made a discussion on the provided guideline. The researcher chose these groups because the researcher can get real information from them to get real information the researcher developed these discussion questions.

Theme: What are the main problems for interaction with the school society? Tell me about students with intellectual disability participation, how you can encourage them to communicate with you and other students without disability? What do you think about the solutions for these problems?

Based on the above discussion question the teachers and school administration put down some points. Many times students are tried to participate with the school society (their peers and other students without disability) but the main problem is these people think us like unwanted group and they make laugh on them. Students are going to religious and spiritual gatherings with their parents. Sometimes they go to shop to buy goods. Our students are very close for us, we help them how to write, eat, and play and others but it is only in the school it will be better if they go with us to our home. On the street there are many people who disturb them every day they call them using bad name like Moro. Within the school there are some students without disability but they don't want to be with them to play because they are fast runner they push and kick them. But when we go to home some of them go with them. They want to be together all time in the school and their home. The solution for these problems the society must understand their problem and the school must order for other students not to hurt them.

CHAPTER FIVE-DISCUSSION

In this part of discussion, the data gathered from different themes of the study are discussed by relating these various sets of data. The secondary data obtained from literature review are also included to the discussion. The data collected through interview observation and focus group discussion. The data secured through other` instruments and through the review of related literature are administered to gather more ideas reflected from students with intellectual disability. Thus, the data presented in each important part of the interviews are followed by wide discussions, and some related inferences reflecting the researcher's insight of the ideas. The discussions focus to address the basic research questions stated in the introductory part of this research paper.

The students with intellectual disability have many problems of interaction some students afraid that of others can beat them and take their materials. And some are very slow to move but they like to play with others but slowly and since many can't tolerate them they make out of play. So they can't interact with others easily. Some students talk only if they have questions even during break time; they spent more time on their own because of Language barriers keep them from talking with others.

There must be early child hood intervention programs. This early childhood program focuses on the age level from birth to 6 specifically benefiting children with special needs including children at risk and developmentally delayed during birth. In recent times childhood special education has experienced phenomenal growth. Today the focus is clearly on programming for children in the birth to 5 year age range' (Mary, Beren, 1994).

The school environment is not helpful for interact each other because of the school building covers large area of the school compound and outside the class the place is too small .The students with intellectual disabilities don't have a chance to move and play with others, instead of this they sit in one place and look the others.

To create a good interaction the school must be favorable and has enough space to move. Social interactions models have implications for the sorting of people and activities across space. As Schelling [1971] demonstrated, when individuals can choose locations, the presence of these interactions may result on segregation across space, even in situations where the typical individual

would be content to live in an integrated neighborhood, provided his group does not form too small a minority.

The school society around the school doesn't have awareness about students with intellectual disability. It is better to create awareness for the society how to live with students with intellectual disability. The society assumes that persons with disabilities are inadequate physically, capacity to learn, guide independent life and social interaction (Tirussew, 2005). In Ethiopia, some associate disability with spiritual evil and do not let disabled persons to go out in public. This leads to families hiding disabled family members which lead to inaccurate information and statistics on disabilities. Tirussaw, T. (1998), *Persons with Disabilities of High Achievement Profile in Ethiopia*,

The school teachers were not interested to communicate with students with intellectual disability because of some reason like some students don't want to talk, they fear the unknown, others gives love easily they need to kiss and some are not clean.

A teacher must be the first committed person for students with intellectual disability, even if there are number of challenges to communicate with these students the responsible person should be patient, according to Tirusew (2005). In Ethiopia as in many of the developing countries, addressing the special needs of persons with disabilities in general and intellectual disability in particular are used to be the responsibilities of the parents without support programs. Parents are not aware and have no access to modern treatment methods so are bounded with traditional believes and practices and use their own measures such as witch crafts, traditional medicines and/or spiritually believed holy water, Going through these methods and being exhausted of traditional practices mostly hoping for cure that never comes true leave the children alone with regrets, or denying the problems or loosing hope totally.

Students with intellectual disabilities are very poor in interaction and participation in the classroom activities during lecture time, conversation, group discussion and teaching by radio even during extra-curricular activities many of them are needs to be alone.

There must be initiators of students with intellectual disability to participate in different activities. Many of the recreational and social interactions of children with ID have been limited to their families. Social integration is an important aspect of life for children with ID. They should be able

to live like others in the community and fulfill typical social roles (Bigby, Fyffe, & Ozanne, 2007). There is a deficiency in the literature concerning the social interaction of children with ID.

As the findings shows that problems associated with parents of students with intellectual disability, school compound, poor instructional materials, limited professional development trainings, incomprehensive curriculum is found as problems which limits participation of students with intellectual disability in classroom and extracurricular activities. There are also problems of interaction outside the school related to the understanding of people. From the major findings, the researcher provided possible solutions for teachers, curriculum experts, students and all concerned bodies. Accordingly, curriculum experts and policy makers should reconsider teaching materials in different levels to make them interact easily, teachers should play great role in creating pupil to pupil interaction between SWID and others. The government must create awareness for the society about SWID.

CHAPTER - SIX

6. SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATION

In chapter four, the finding of this study were presented, analyzed and discussed. In the following section the researcher will summarize major findings, draw the conclusions based on the finding and provide the necessary recommendations regarding the social interaction problems of students with intellectual disabilities

6.1. Summary of Major Findings

- It was found the school environment is not favorable to interact with each other
- The researcher found that the society doesn't have awareness from professionals how to interact with SWID.
- It was found that no one give attention for students with intellectual disability around their living area because of their disability.
- The researcher found that there are very poor interaction and participation in the classroom activities during lecture time, conversation, group discussion.
- It was found that the problem of interaction is not only with their teachers, it is also with school administrators, peers, and with other students without disability. They didn't participate in extracurricular activities and didn't receive sufficient guidance and counseling service.
- The researcher found that the parents don't want to take responsibility of their children simply they coming and going to school.
- It was found that SWIDs are very shy, they fear of the unknown, feeling alone, and speech problem.
- It was found that the classroom observation shows that SWID are inactive participants, the interaction with their teachers is very poor but they have better interaction with their peers.
- As the finding result shows the media of instruction is mostly oral, no more special methodology to work together, it will limits their interaction skill.

- The researcher found out that there is no coordination among professionals, special needs educators, school administrator and teachers to help SWID
- Based on the findings SWID didn't participate in extracurricular activities and didn't receive sufficient guidance and counseling service. It is a main problem of students not to interact with others.
- Again based on the findings poor commitment from school and concerned bodies to provide necessary supports to teachers who are teaching SWID. They didn't have many opportunities to interact with others, they also enjoyed being on their own.
- The researcher found out that special attention is not given to those children
- It was found that workload of teachers prohibits them from giving the required assistance focusing on children with intellectual disability
- The researcher found out lack of awareness among the school community towards children with intellectual disability and their special needs
- It was found that the diverse types of behaviors of SWIDs are the main problems of interactions with others
- It was found that SWID need assistance in learning about and getting involved in a variety of activities and they need to constantly learn to become as independent as possible.

6.2 Conclusion

Based on the above research finding and summary, the study has finally forwarded the following conclusion. The primary objective of this study was to identify the existing problem of interaction of SWID in Yekatit 23 Primary School.

Social interactions refer to particular forms of externalities, in which the actions of a reference group affect an individual's preferences. The reference group depends on the context and is typically an individual's family, neighbors, friends or peers. Social interactions are sometimes called non-market interactions to emphasize the fact that these interactions are not regulated by the price mechanism. It is often difficult for a researcher to identify correctly the peer groups. Social problems, also called social issues, affect every society, great and small. Social problem means the problem are faced by a majority of human beings such as jobs, security, medical care, transportation and education.

6.3 Recommendations

Based on the finding of the present study the following specific recommendation are offered

6.3.1 Measures to be taken by school and teachers

- Provision of inclusive education pre-school and elementary education opportunities with special supports for the children with intellectual disability.
- SWIDs benefit when they are interacting and have meaningful participation in elementary and secondary school. Teachers could insure that they are actively participating in activities and encourage positive social interactions with SWID. Teachers could emphasize their abilities and the similarities they have with their classmates. They may also assist SWID and their schoolmates in communicating with each other, reducing misconceptions, and forming positive relationships.
- Minimizing the workload of the teachers to give special attention for SWID in the school.
- Organizing guidance and counseling service for all students.
- Teachers should have positive attitude towards students with intellectual disabilities; this helps the students to develop self-esteem and to be efficient socially and academically.
- The school must encourage students with intellectual disability to participate in different activities.

6.3.2 Measures to be taken by government and society

- Early Child Hood Intervention with medical treatment, counseling to the parents and sensitizing the community around.
- Awareness raising programs for the community members (neighbors, local associations, schools & Weredas.
- The curriculum must be student centered (use symbolic educational materials).
- The involvement of non-government organizations and community members in order to bring about desirable changes of social interaction to the most important unit of the community and the family (the parents).

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Appendix: 1
Interview Guide for the Classroom Teachers

The purpose of this interview is to collect information about students with intellectual disabilities in Addis Ketema sub city of Yekatit 23 primary School. Your genuine responses and participations on this study are very important in achieving the purpose of the study. Therefore you kindly requested to give sincere response to all the questions. The researcher wants to assure you that this research is only for academic purpose and your ideas and comments are highly honored and confidential. Finally, the researcher would like to thank you in advance for your time, effort and taught in completing this interview.

1. Could you please give me some information about yourself?

Sex

Level of education

Service years in teaching

1 What problems do children with intellectual disability at Yekatit 23 School face to interact with the society?

2 Please tell me about your relationship with students? In the classroom and Outside the classroom.

3 How do you facilitate interaction and communication between students with intellectual disabilities and non-disabled peers?

4 How do you describe the establishment and overall activities of the school?

5 Can you tell me any information you have got from policy documents, trainings etc. that encourage teachers to address the needs of students with intellectual disability?

6 Are there any special considerations that you make in your teaching, with reference students with intellectual disabilities?

7 How do you interact and communicate with students with intellectual disabilities?

- 8 Does the school Organized leisure activities (sports, clubs, music, art, dance)
- 9 What kind of support do you give to the students with intellectual disabilities in the classroom and out of classroom situation to solve the problem?
- 10 How SWID Interact and communicate with the teachers?
- 11 What happened when SWID play with other students outside the classroom?
- 12 Does the SWID participate actively during extracurricular activities?
- 13 Does the SWID feel happy to be with other students or not? Why?
- 14 Please tell me about the relation of students with the society outside the school
- 15 Does the school create awareness about interaction with SWID for parents?

Appendix: 2
Observation check list

The purpose of observation is to observe the real problem of SWID to interact with others in the school

Name of the school.....date of observation.....

Key 5=Excellent 4=very good 3=good 2=poor 1=not at all

		5	4	3	2	1
1	Outdoor activities(playing, participating in clubs)					
2	Size of classroom and number of students					
3	Interaction and communication with the teachers					
4	Teachers lesson plan					
5	The school environment					
6	Communication skill of the students					
7	Teaching materials and teaching aids					
8	Method of teaching					
9	The school building					
10	Organized leisure activities (sports, clubs, music, art, dance)					
11	Facilities (staffroom, playground, library, toilet, etc.)					
12	Ventilation and lighting					
13	Interaction with other students					